FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information						5.5									
1. Name and Mailing Address of Respondent	espondent]		
MTPCS, LLC dba Cellular One 900 West Valley Road, Suite 600 Wayne, PA 19087	lular One , Suite 6	00 "											Check his a char address.	Check here if this is a change of address.	
2. Year Report Filed 2019		3. Reporting Period Co	Reporting Period (Ending Date of Poeniod Covered by Report) March 10 - 23, 2019	Reporting Period (Ending Date of Pay Period Covered by Report) March 10 - 23, 2019	*		4. Number of Reporting a. Fev	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. If 6 or more (complete all sections)	ployees during one): one): omplete Sections all sections.	ng Selected ions I, IV, and	V only)				
SECTION II - Full-Time Employees.	S.														
							Numl Report emplo	Number of Employees (Report employees in only one category)	/ees ine category)						
,							-	Race/Ethnicity							
Categories	His	Hispanic or						Not-Hispanic or Latino	c or Latino						Total
5	_	Latino			Male	ile					Female	ale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	>	В	С	D	ш	п	G	н	-	J	7	٦	Z	z	0
Executive/Senior Level Officials and Managers 1.1			5						2						7
First/Mid-Level Officials and 1.2 Managers			7						4	1					12
Professionals 2			-			1			1			-			4
Technicians 3			6	2		1	I	2	1						13
Sales Workers 4		2	w	2					5	2					14
Administrative Support 5	-	-							4						6
Craft Workers 6	G/														0
Operatives 7															0
Laborers and Helpers 8															0
Service Workers 9															0
TOTAL 10	-	3	22	4	0	2	_	2	17	3	0	-	0	0	56
PREVIOUS YEAR TOTAL 11	_														0

							÷.	Num Report emplo	Number of Employees (Report employees in only one category)	yees one category	7					
<u>.</u>									Race/Ethnicity							
Categories		Hispanic or	_						Not-Hispanic or Latino	ic or Latino						Total
		Latino	T			Male						Female	nale			Columns A - N
	Male	le Female	le White	te Black or African American		Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	>	В	C	D		m	П	G	I	w .	۲	*	31	×	z	
Executive/Senior Level Officials and Managers	Ē									1						
First/Mid-Level Officials and Managers	1.2															
Professionals	N															
Technicians	ω				-											
Sales Workers	4	а														
Administrative Support Workers	Oi .															
Craft Workers	6															
Operatives	7															
Laborers and Helpers	8															
Service Workers	9															
TOTAL	10 0	0	0	0		0	0	0	0	1	0	0	0	0	0	
PREVIOUS YEAR TOTAL	3															
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22:321, 23:55, 90:168, 101.4, and 101.311. This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local transfer and the this report.	imination (complaints Pu	rsuant to 47	CFR 22.321	, 23.55, 90.	168, 101.4, ual employ	ment provis	sions of Fed	eral, state, ten	ritorial, or loc	al statutes ha	il statutes have been filed against this	against this			
This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, SECTION V - Certification	ne Commiss ating parties	ion that the foll involved, date	lowing complifiled, courts	laints alleging or agencies t	before which	of the provis	r has been	y equal emp heard, file n	umber or othe	rrunity statute ar designation	n, and current	nave been liled against this company, and current status or disposition.	osition.			
Date Typed or Printed Name of Person Signing Signed or 05/28/2019 Jean Murray	Typed or Printed Nam	Typed or Printed Name of Person Signing Jean Murray	Person Sign	ing		S	01 1			190	0		Telephone No. (406) 59	elephone No. (406) 590-5779		
Title of Person Signing Director of HR				WILLF OF AN	ULLY FALS	E STATE	OR CONS	DE ON THIS	FORM ARE PERMIT (47	PUNISHABI	E BY FINE A	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 3)2 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	SONMENT (1 E (47 U.S.C.	8 U.S.C. 1001 503).) AND/OR RE	ŏ